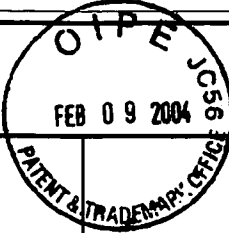
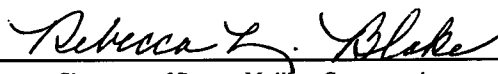



TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(f))			Docket No. CSO-0001-P	
In Re Application Of: Sophie Chen				
Serial No. 10/647,458	Filing Date 8/1/2003	Examiner	Group Art Unit	
Title: BOTANICAL EXTRACT COMPOSITIONS AND METHODS OF USE				
<div style="text-align: center;"> <p>Address to:</p> <p>Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> </div> <div style="text-align: center; margin-top: 10px;"> <p>37 CFR 1.97(b)</p> </div> <p>1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <div style="text-align: center; margin-top: 20px;"> <p>37 CFR 1.97(c)</p> </div> <p>2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <div style="margin-left: 40px; margin-top: 10px;"> <p><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p style="text-align: center; margin-top: 10px;">OR</p> <p><input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</p> </div>				

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Serial No. 10/647,458	Filing Date 8/1/2003		Examiner	Group Art Unit
BOTANICAL EXTRACT COMPOSITIONS AND METHODS OF USE				
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))				
<input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 06-1130 as described below.				
<input type="checkbox"/> Charge the amount of _____ <input type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required.				
Certificate of Transmission by Facsimile* <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F: _____) <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">(Date)</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Signature</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Typed or Printed Name of Person Signing Certificate</div> </div>		Certificate of Mailing by First Class Mail <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> I certify that this document and fee is being deposited on 2/5/2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. <div style="text-align: center; margin-top: 10px;">  Signature of Person Mailing Correspondence </div> <div style="text-align: center; margin-top: 5px;">Rebecca L. Blake</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Typed or Printed Name of Person Mailing Certificate</div> </div>		
<p>*This certificate may only be used if paying by deposit account.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;">  Karen A. LeCuyer Registration No. 51,928 Customer No. 23413 Telephone No. 860-286-2929 </div> <div style="width: 45%; text-align: right;"> Dated: February 5, 2004 </div> </div>				
CC:				

